PART B - FEE(S) TRANSMITTAL

Complete and send this form, together was applicable fee(s), to: Mail Mail Stop ISSUL FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

NSTRUCTIONS: This appropriate. All further indicated unless corrected animal maintenance fee notificated to the control of the	ed below or directed oth	or transmit g the Pater erwise in I	ting the ISSU at, advance or Block 1, by (a	i) specifying a new co	orresp	ondence ad	idress; and	or (e) in	kuicating a sepa	iate fe	E ADDRESS IOI	
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.											
23364 7590 04/16/2010 BACON & THOMAS, PLLC 625 SLATERS LANE FOURTH FLOOR						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ALEXANDRIA, VA 22314-1176 Attn: Richard E. Fichter						(Depositor's name)						
											(Signature)	
					<u></u>						(Date)	
APPLICATION NO.	TION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DO		DOCKET NO.	OCKET NO. CONFIRMATION NO			
10/517,321	08/23/2005	08/23/2005		Per Mansson	MANS3012/REF			3651				
FITLE OF INVENTION DISPOSIBLE FLOW CE			OD FOR DET							, AND		
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSUE F		PUBLICATION FEE		JE PREV. PAID ISSU		E FEE TOTAL FEE(S) DUE				
nonprovisional	YES	9	755	\$300		\$0		\$1055		07/16/2010		
· EXAM	ART UNIT		CLASS-SUBCLASS									
JUNG, UNSU 1641			641	422-082010								
PLEASE NOTE: Uni	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) adata will appear on the patent. If an assignee is identified below, the document has been filed for ST a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Biosensor Applications Sweden AB Sundbyberg, Sweden												
Please check the appropr	iate assignee category or	categories	(will not be p	rinted on the patent):	0	Individual	Corpoi	ration or o	other private gro	oup entit	y Government	
4a. The following fee(s) X Issue Fee Publication Fee (N	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2-0200 (enclose an extra copy of this form).											
5. Change in Entity Sta	tus (from status indicate		CFR 1.27.	☐ b. Applicant is no								
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will	not be accepte	d from anyone other t								
Authorized Signature	records of the United Sta	ed 2	- Fu	Conse.	•	Date	Ju	ne	28,2	0/0	2	
Typed or printed name				A CONTRACTOR OF THE CONTRACTOR		Registra	ation No	20	6,382		****	
This collection of inform an application. Confiden submitting the complete this form and/or suggest	nation is required by 37 (stiality is governed by 35 d application form to the ions for reducing this but (irginia 22313-1450). Defining 22313-1450.	CFR 1.311. U.S.C. 12 USPTO. rden, shoul	The information 2 and 37 CFR Fime will vary d be sent to the sent	on is required to obtain 1,14. This collection by depending upon the Chief Information (COMPLETED FORM)	n or r is est indiv Office	etain a bene imated to tal idual case. A r, U.S. Pater THIS ADI	fit by the p ke 12 minu Any comm nt and Trac DRESS SE	ublic whi ites to co ents on ti demark O	ch is to file (and mplete, including the amount of the office, U.S. Depo Commissioner	l by the ig gather ne you i artment for Pater	USPTO to process) ing, preparing, and require to complete of Commerce, P.O. nts. P.O. Box 1450.	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.